

Washington State Medicaid Outreach Project

October 1998 – July 2000

**Washington State Medical Assistance Administration
Department of Social and Health Services
July 2000**

I. Background

In its 1998 session, the Washington State Legislature authorized Medical Assistance Administration (MAA) to spend up to \$10 million (90% federal match funds) for outreach to Medicaid eligibles. The project started in October 1998 and has the following elements:

Target population – the program is focusing on outreach to:

- Children up to 200% of the Federal Poverty Level (FPL);
- Pregnant women up to 185% of the FPL;
- Temporary Assistance for Needy Families (TANF)-related clients – sometimes called the “Family Medical” program and covers children and adults of single or two-parent households who meet TANF financial eligibility standards. Many of these families choose to “bank” their cash grants but did not know they were eligible for Medicaid benefits; and
- Starting January 2000, the program expanded to include outreach to children eligible for the Children’s Health Insurance Program (CHIP) for children between 200% - 250% of the FPL.

Contracts – MAA has contracted with 34 community-based organizations covering 36 out of the state’s 39 counties. Contractors include health districts, county social service departments and eight Indian tribes. MAA required contractors to submit applications that had to be approved before proceeding. After signing contracts, MAA provided local training to project staff on outreach strategies, eligibility criteria, and enrollment process. MAA is reimbursing contractors by paying a monthly set rate and paying a \$20 incentive for each client a contractor helps enroll.

Initially, contracts were to terminate March 31, 2000 when the authorizing federal legislation was scheduled to end. In November 1999, however, Congress lifted the sunset date and MAA extended the outreach contracts through June 30, 2000, at which time, the state’s allocation will be exhausted.

Work to Be Accomplished– Contractors are required to:

- Identify people likely to be eligible for the Medicaid, CHIP or state-funded medical programs;
- Educate potential eligibles on the benefits of participating in these programs and eligibility requirements;
- Assist potential eligibles to complete application for eligibility;
- Educate new Medicaid recipients on how to access services; and
- Assist new recipients to select a managed care plan that will best meet their needs.

Innovations – To speed implementation of the project, MAA developed a web site where we posted general information, the project application, answers to questions submitted by potential applicants and links to other sites. The web site can be reached at MAA’s home page:

<http://maa.dshs.wa.gov>. When you get to the MAA home page, click on “Client Outreach.”

Since implementation . . .

Much has been accomplished since October 1998. Contracts with many health districts, counties and tribes were finalized during the last quarter of 1998. Also, during that period, contractors developed program goals and hired staff. By January 1999, MAA started receiving the first referrals from outreach contractors. Following is a description of data we collected on outreach efforts during the period January – December 1999.

II. Data Sources

We used several discrete sources to track implementation of the Medicaid Outreach Project, including:

- ✓ **Quarterly Reports** – Contractors self-reported data on the numbers of people they contacted and assisted, including:
 - ◆ Number of clients who were contacted
 - ◆ Number of Medicaid applications completed
 - ◆ Number of Healthy Options enrollment forms submitted
- ✓ **Confirmed Healthy Options enrollments.** Contractors helped many clients complete enrollment forms to select a Healthy Options plan. Most, but not all, contractors identified themselves on the enrollment form when submitted to MAA. When a client was eligible for enrollment, the contractor received a \$20 enrollment fee. Because some contractors did not identify themselves, we recognize that the number of clients enrolled by an outreach program is greater than what was reported.
- ✓ **Medicaid Caseload** – We tracked the changes in Medicaid caseload and, more specifically, children's caseload for the period January – September 1999.
- ✓ **Referral Agencies** – the Medical Eligibility Determination Services tracked the number of agencies who helped clients submit an application for medical eligibility.

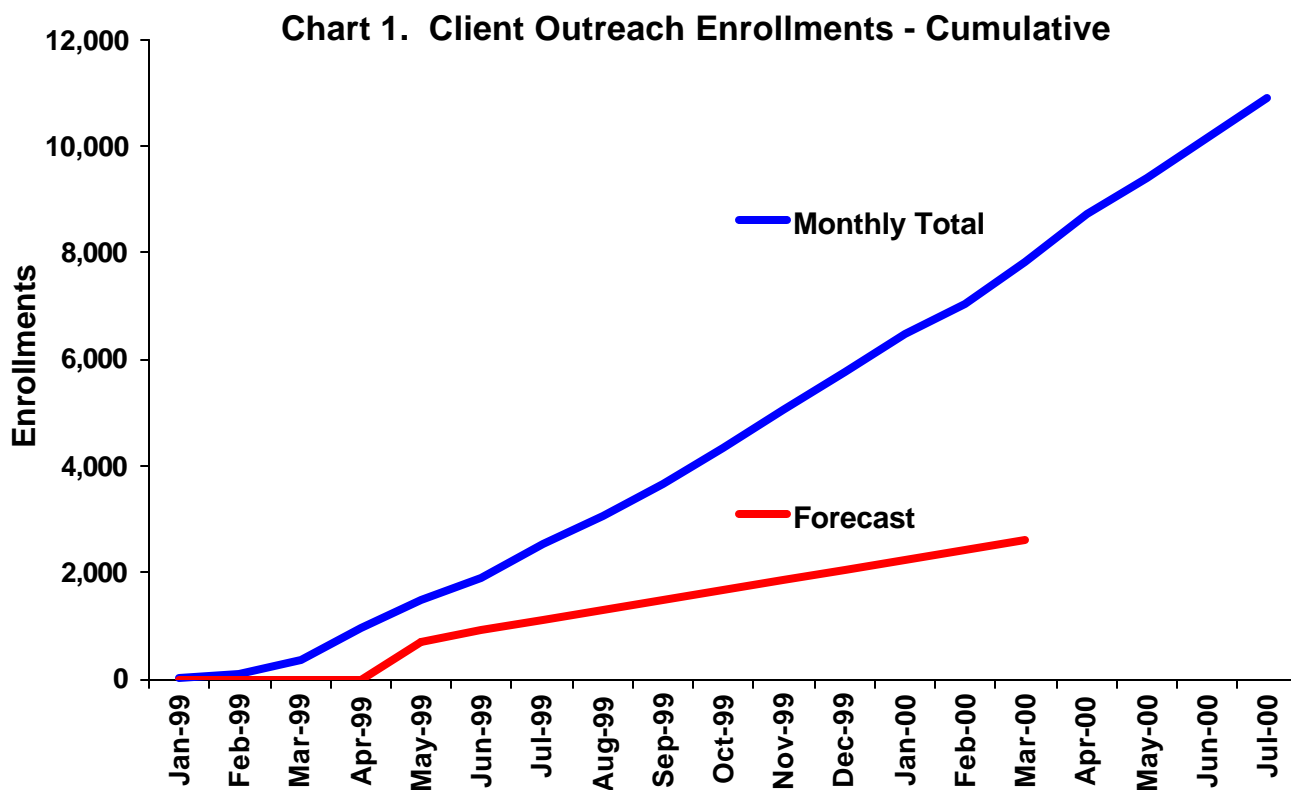
III. Findings

A. Confirmed Healthy Options Enrollments

Chart 1 shows the cumulative growth in clients who completed a Healthy Options enrollment form with assistance from an Outreach Contractor. As previously noted, the actual number of Medicaid enrollments is considerably higher since: 1) about 80% of TANF-related or children's medical clients are eligible to enroll in Healthy Options, while the others are either not eligible for managed care (e.g., they have third-party health insurance) or are exempted from managed care; and 2) some contractors decided not to submit the enrollment forms and collect the enrollment fee.

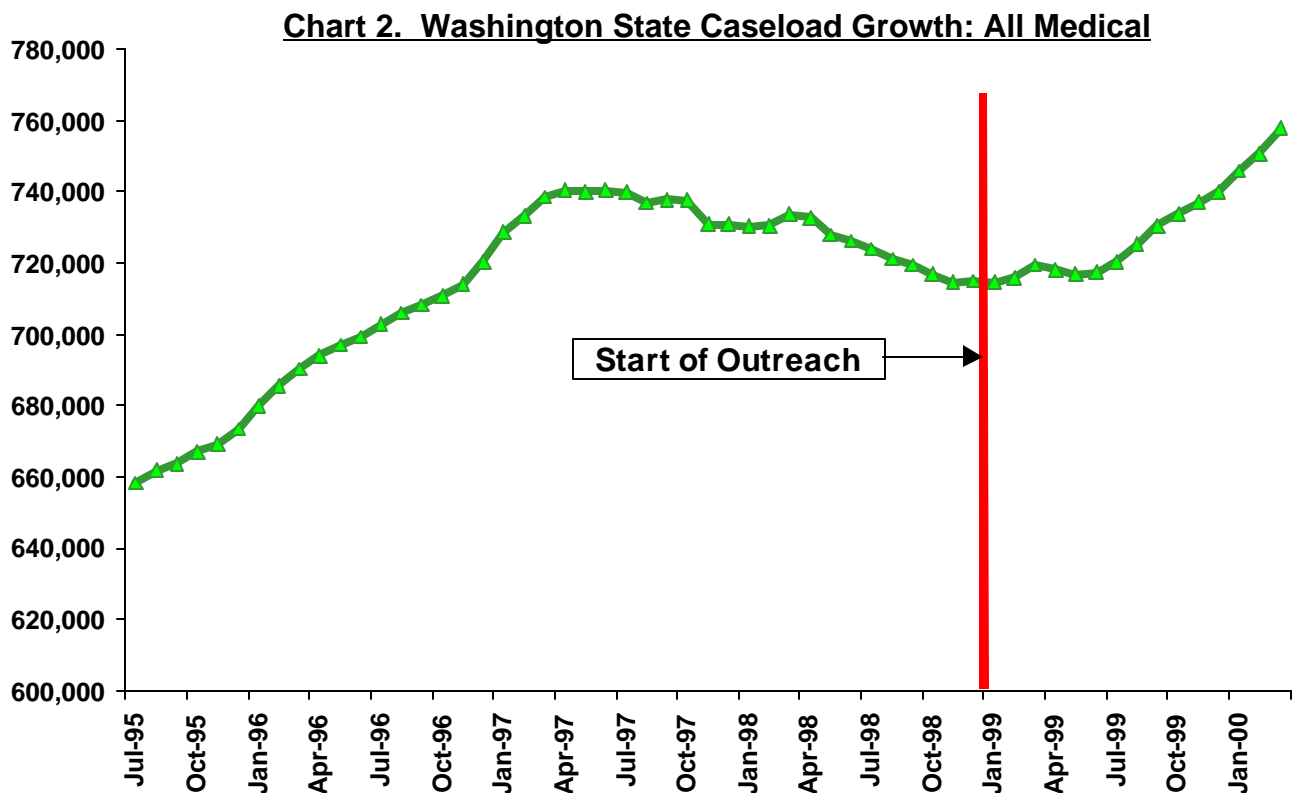
The upper line shows cumulative Healthy Options enrollments since January 1999. As of July 2000, Outreach Contractors enrolled nearly 11,000 clients into Healthy Options.

The lower line shows the forecasted enrollment for the same period. Actual enrollments, as delineated in the upper line, show that contractors greatly exceeded MAA's original estimates of Healthy Options enrollments.



B. Medicaid Caseload Changes

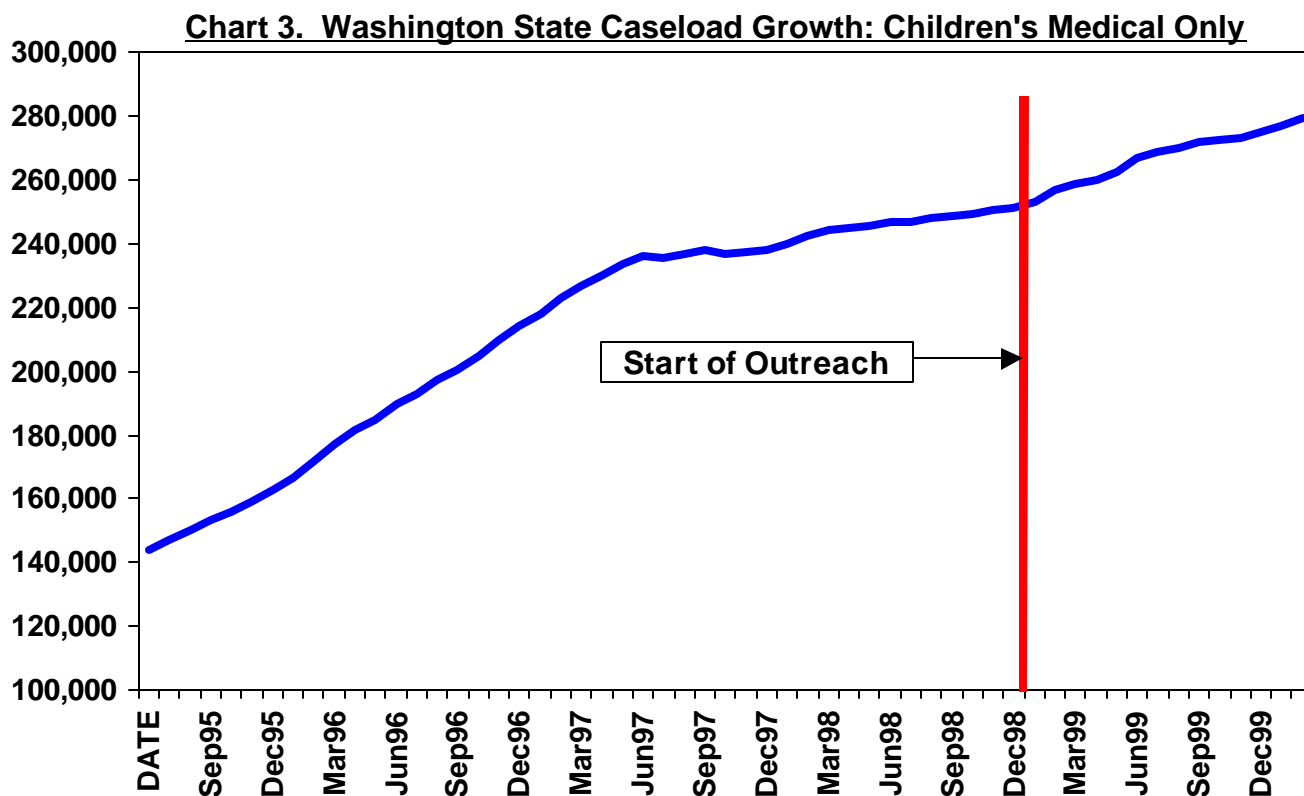
Chart 2 shows Medicaid monthly caseload for the period July 1995 through April 1999¹. Total Medicaid caseload has declined from 740,000 in April 1997 to 714,000 in January 1999. Starting in January 1999, however, the caseload stabilized and then began to grow. As of March 2000, the caseload increased to 758,000. While we are unable to attribute this change to the Medicaid Outreach program, we are not aware of any other program changes between October 1998 and August 1999 that might account for the upturn. Starting in August 1999, however, MAA began continuing many clients on medical who had previously lost their medical benefits when they left TANF². That program change may account for the rapid rate of growth in the past year.



¹ March 2000 is the most recent available month. While we have more recent data, we require several months to accommodate eligibility-related lag factors.

² More information about this change can be found at the [Family Medical Project](http://maa.dshs.wa.gov/FamilyMedical/Index.html) website – <http://maa.dshs.wa.gov/FamilyMedical/Index.html>.

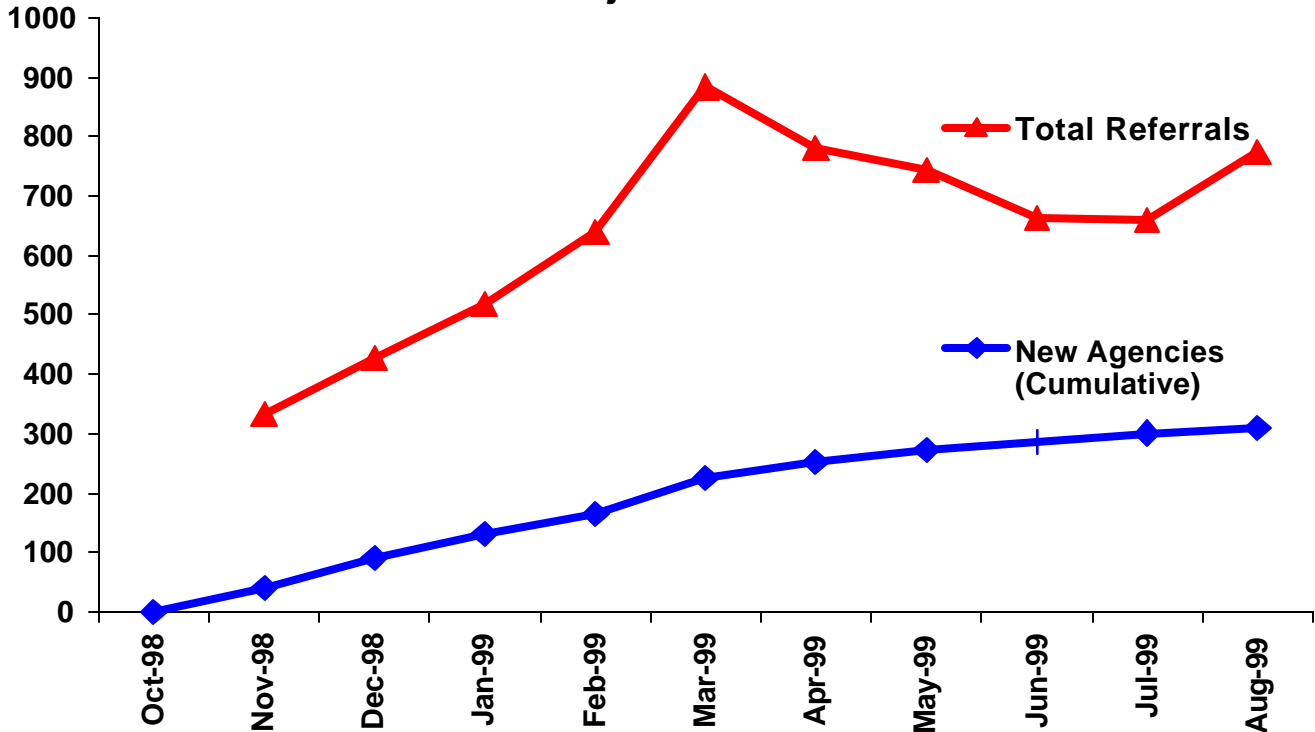
Chart 3 shows monthly caseload for the children's medical program for the period July 1995 through June 2000. Since children were one of the target populations, it is reasonable to expect to see an effect here. During 1998, the caseload grew very slowly, averaging .4% growth per month. Starting in January 1999, however, the caseload began to grow more rapidly. As of March 2000, the caseload increased to 280,000 – an 11% increase. While we are unable to attribute all of this change to the Medicaid Outreach program, we are not aware of any other program changes during this period that might account for the upturn starting in January 1999. Since August 1999, other program expansions have accelerated this trend.



C. Referrals

Since 1995, MAA's Medical Eligibility Determination Services (MEDS) unit has processed applications for the Children's Medical program. For some time, MEDS has tracked referral sources (i.e., agencies that help clients complete applications and forward them to MEDS.) Chart 4 shows the change in the number of referring agencies since January 1999, as well as the number of agency-generated referrals.

Chart 4 Medicaid Outreach Project - Increase in Referrals to MEDS



IV. Other Achievements

- A. **Outreach Strategies:** Contractors use a variety of strategies to maximize outreach efforts statewide.
- Multimedia marketing with massive information dissemination
 - Collaboration with various community partners/advocates
 - Training partners in screening for Medicaid Application
 - Application sites at various locations in communities statewide

B. Highlights of Washington Outreach Project Strategies

➤ Outreach efforts were targeted towards:

- ✓ Getting the message out that more working families were eligible for medical benefits and that Medicaid benefits were not tied to the TANF/WorkFirst “time clock”;
- ✓ Assisting families eligible for Healthy Options to make a voluntary plan choice up front;
- ✓ Encouraging community collaboration and support in assisting eligible populations to obtain medical coverage;
- ✓ Connecting Healthy Options application with Medicaid Application and submitting timely to avoid assignment.

➤ Accomplishments of the projects include :

- ✓ Establishing and strengthen community partnerships
- ✓ Training more Partners and Advocates statewide on how to prescreen for Medicaid eligibility and Healthy Options enrollment.
- ✓ Directly and indirectly reaching over 40,000 individuals statewide. (Contractor Self-Reported Data)
- ✓ Acting as a resource for clients and families to learn how to access medical services and “navigate” the system.

➤ Information Dissemination

Contractors have developed county specific information such as informative and eye-catching flyers, brochures, posters, mailing inserts, cards and banners. MAA approves all printed materials for accuracy prior to distribution to the target population.

➤ Marketing Campaign

Contractors engaged in extensive public awareness marketing campaigns in their communities, using a multimedia approach in getting the message out to their communities. Some television and radio spots spread outside some counties and spilled into neighboring states.

➤ Training Activities

Statewide training on Medicaid eligibility and process, *Healthy Options* enrollment process and other related information was developed by MAA to educate the Outreach contractors and their partners. As a result of this training, multiple training tools have been developed

SPOKANE PROJECT - The contractor worked with a professional public relations firm to develop a complete marketing package that included a logo, public service announcements for television, radio, and print media. The contractors reported over 5,000 individuals have been contacted in their area. In addition to developing a comprehensive training manual, they created an informative brochure targeted at employers who do not provide insurance for their employees or their dependents. The Spokane effort later grew into a statewide media campaign that included the Governor's participation.

that are now part of MAA's training and education for interested stakeholders. **Attachment 1** is an example of a tool developed for the Outreach project that is now being used by other program staff in discussing prescreening of potentially eligible Medicaid clients.

➤ **Toll Free Hotlines**

Several of the contractors have developed toll-free hotlines that allow potentially eligible clients access to Medicaid information and assistance. Individuals can call in, make

appointments, walk-in or arrange for an outreach worker to come to their home to learn more about the program and the application process. Flexibility is key when working with the target population.

Healthy Mothers, Healthy Babies had a toll-free line for maternal and child health services. Under the Medicaid Outreach Project, they expanded their services to help families apply for medical coverage. Eventually, they served as the state's center to answer calls from the national 1-800-KIDS NOW line.

➤ **Community Collaboration**

Contractors report one positive aspect of the project has been increased collaboration at the community level. This has led to more individuals informed about the benefits of Medicaid and sites where families can receive information and assistance with Medicaid application. In addition, each participating community partner has had the benefit of learning about each others services and working toward the common goal of helping families obtain medical coverage.

- C. **National Recognition:** Washington State's Outreach Program has received national recognition. A Center for Budget Policy Priorities manual on outreach programs pointed to Washington State as a model in several areas of outreach.

V. **Washington's FY 1999-2001 Outreach Plan**

In November 1999, Congress passed legislation lifting the sunset date and permitted states to continue spending these funds to assure clients receive medical services to which they are entitled. MAA anticipates maintaining the current outreach program at least through June 2001.

Recent passage of Initiative 695 appears to have impact on some health districts. These districts may have reduced funding and have indicated that they are re-assessing to what extent they will provide outreach services. Meanwhile, outreach contractors have begun assisting children to get on the Children's Health Insurance Program (SCHIP) and we are working with contractors to assist families who have to change plans at the end of CY 2000.